



**HOCKEY NL**

P.O. Box 176, Grand Falls-Windsor, NL, A2A 2J4  
Tel: 709-489-5512 Fax: 709-489-2273  
E-Mail: office@hockeynl.ca

**TRAVEL PERMISSION REQUEST**

**Minor Hockey Association:** \_\_\_\_\_

**Division(s):** \_\_\_\_\_ (Ie. Bantam, Midget etc.)

Requests permission for their hockey team(s) to travel to:

**Province:** \_\_\_\_\_

**Location:** \_\_\_\_\_  
(City/town)

**Dates:** \_\_\_\_\_

to participate in the

**Tournament:** \_\_\_\_\_ **OR**

**Exhibition Game(s) (Opposing Team):** \_\_\_\_\_

\_\_\_\_\_  
President's Name (please print)                      President's Signature                      Date

**FOR OFFICE USE ONLY**

Date Received at HNL Office: \_\_\_\_\_

Date Forwarded to Vice Chair Minor: \_\_\_\_\_

Approved by Vice Chair Minor: \_\_\_\_\_

Approved by Hockey NL Branch Office: \_\_\_\_\_

**HOST BRANCH:**

**Please confirm that the above team/tournament is sanctioned by your Branch & fax to 709-489-2273.**

\_\_\_\_\_  
Name (please print)                      Signature                      Date